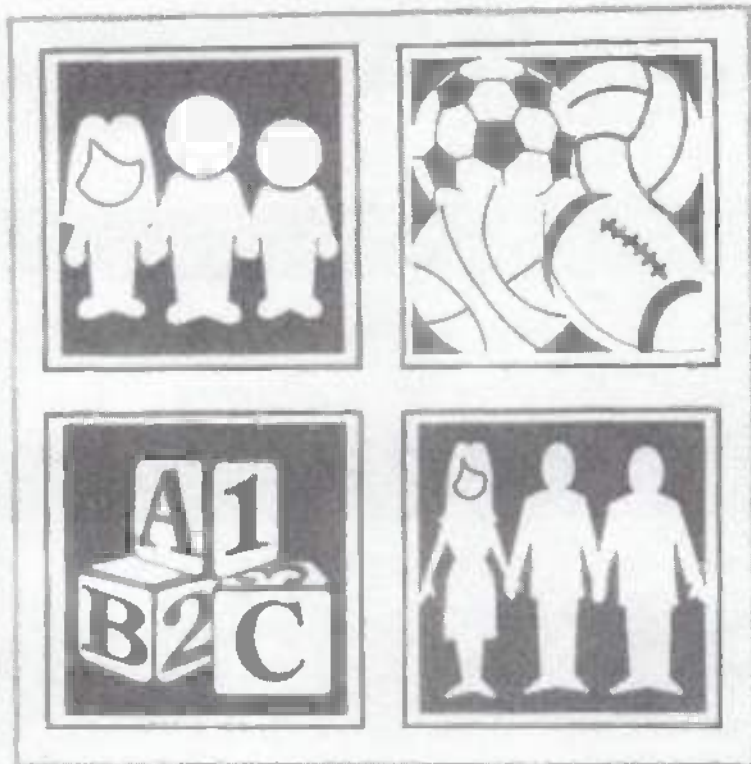


Student Insurance Plans 2009–2010



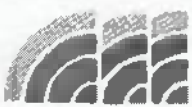
Why you need Student Insurance . . .

- If you don't have other insurance, this Student Accident Plan is essential.
- Even if you do have other insurance, you will probably have to pay deductibles or co-payments. This Student Accident Plan will help to fill those expensive "gaps."
- Don't wait until you're faced with costly medical bills to think about insurance.
- Read this brochure and make your selections today!

Choose from these school approved plans . . .

- Around-the-Clock Plan
– plus –
- Extended Dental Plan

UNDERWRITTEN BY:



COMMERCIAL TRAVELERS
MUTUAL INSURANCE COMPANY
Utica, NY 13502

As Policy Form Series No. CTP-7 et al

MW/MWX-AS-KK/MB 09
113

SERVICED BY:

K & K Insurance Group, Inc.
P.O. Box 2338
Fort Wayne, IN 46801-2338
800-441-3994

Exclusions

This plan does not cover, nor is any premium charged for: (a) Injuries resulting from the practice or play of Interscholastic tackle football in or with grades 10–12, unless the proper additional premium per player has been paid. (b) Intentionally self-inflicted injuries. (c) Infection, except pyogenic infection or bacterial infection due to accidental ingestion of contaminated material. (d) Prescriptions, except while hospital confined. (e) Treatment administered by any person employed or retained by the school. (f) Hernia in any form. (g) Illness or disease in any form. (h) Injuries sustained while operating, riding in or on, or alighting from a two- or three-wheeled engine-driven or motorized vehicle, or any vehicle not designed primarily for use on public streets and highways. (i) Injuries sustained as a driver or passenger in or on any other motorized or engine-driven vehicle, except travel in a 4-wheeled passenger vehicle, bus or train to or from school or school sponsored and supervised activities, unless Around-the-Clock Coverage is purchased. (j) Air travel or the use of any device or equipment for aerial navigation, except as a fare-paying passenger on a regularly-scheduled commercial airline. (k) Injury resulting from intoxication or the use of drugs or narcotics, unless administered on the advice of a physician. (l) Injuries sustained while fighting or brawling. (m) Injuries resulting from war or any act of war, or active participation in any riot or civil commotion. (n) Nuclear reaction or radiation. (o) Reinjury or complications of a condition due to accidental bodily injury occurring prior to the effective date of coverage. (p) Injuries sustained as the result of the Insured's participation in skiing in any form, except when the Around-the-Clock Coverage is purchased.

Limitations

Limitations: (1) No payment shall be made for expenses in excess of \$100.00 per accident for which hospital, medical, surgical or dental benefits are payable or service is available under any other Insurance or medical service plan, including HMO's, PPO's, Workers' Compensation, Employer's Liability Act or Law, Automobile No-Fault and similar plans. (Benefits will be paid on a primary basis in TN.) (2) No benefits are payable for any expense resulting from participation in interscholastic athletics for which benefits would be payable, in the absence of Insurance hereunder, under any High School Association Catastrophe Sports Accident Policy. (3) Under surgery, the maximum payment for multiple procedures performed within the same operative field shall be limited to 150% of the amount payable for the primary procedure. (4) In the event the Insured Person sustains an injury for which benefits are payable under more than one Student Accident Insurance Plan or like coverage issued by the Company, coverage shall be deemed to be in effect only under one such coverage, the one affording the greater (or greatest) amount of benefits for the injury.

Note: Certain exclusions or limitations may be modified to meet individual state requirements.

List Medical Conditions:

Family Physician:

Phone ()

Coverage Purchased:

☐ Accident Only Coverage

☐ Around-the-Clock

☐ Dental

This is not the Policy. Rather, it is a brief description of the benefits and other provisions of the Policy. The Policy is governed by the laws and regulations of the state in which it is issued and is subject to any necessary state approvals. Any provision of the Policy, as described in this brochure, that may be in conflict with the laws of the state where the school is located will be administered to conform with the requirements of that state's laws, including those relating to mandated benefits. This plan is not available in all states.

MW/MWX-AS 09 (MB)

4 How to apply

- Choose the plan best suited to your needs.
- Complete and sign the attached enrollment form.
- Enclose check or money order payable to **Commercial Travelers**, or credit card authorization for the required yearly premium.
- Mail today!

IMPORTANT Keep this brochure as a Summary of Benefits. The Policy is on file at your school. It is subject to Insurance Department approval and will conform to the laws of the state where your school is located. Individual policies will not be sent to you.

LATE ENROLLMENT Coverage may be purchased at any time during the school year, but there is no premium reduction for late enrollment.

CANCELLATION Coverage is non-cancellable and premiums will not be pro-rated or refunded.

RETURN OF CHECK BY BANK Coverage will be immediately invalidated if check is returned by bank for any reason, or if credit card payment is not authorized.

Complete this section only if you wish to pay by



MASTERCARD/VISA



Card Number

Exp. Date

 -

Mo.

Year

Print Name of Cardholder

X

Signature of Cardholder

Date

Total Charge

 \$

Yearly Student Rates—2009-2010—Check Your Selections

COVERAGE OPTIONS	BENEFIT OPTIONS		
	<input type="checkbox"/> Elite Plan	<input type="checkbox"/> Superior Plan	<input type="checkbox"/> Economy Plan
Around-the-Clock	<input type="checkbox"/> \$140.00	<input type="checkbox"/> \$ 98.00	<input type="checkbox"/> \$62.00
*Extended Dental	<input type="checkbox"/> \$ 8.00	<input type="checkbox"/> \$ 8.00	<input type="checkbox"/> \$ 6.00
Total Payment Enclosed	\$	\$	\$

*Note: Extended Dental Coverage is available only in combination with Around-the-Clock Coverage.

Make Check or Money Order Payable to

"COMMERCIAL TRAVELERS"

DO NOT ENCLOSE CASH

☐ I DO NOT WISH TO PURCHASE INSURANCE AT THIS TIME

Enrollment Form

Please print child's name clearly—1 letter to a box

STUDENT'S LAST NAME

STUDENT'S FIRST NAME

MIDDLE INITIAL

GRADE

BIRTHDATE (Mo/Day/Yr)

PARENT'S NAME

PARENT'S PHONE NO.

HOME ADDRESS

Apt. #

City

State

Zip

NAME OF SCHOOL

SCHOOL DISTRICT OR ADDRESS (CITY)

SIGNATURE

City

State

(Parent or Guardian)

Date Signed

113 EF-MW/MWX-AS-KK/MB-09

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits application or files claim containing a false or deceptive statement may be guilty of insurance fraud.

3 Your choice of benefits

The Policy will pay up to \$50,000.00 for covered expenses incurred as the result of Accidental Bodily Injury sustained in any one Accident that occurs on or after the effective date of coverage. This first such expense must be incurred within 30 days of the accident and the covered treatment, care or service rendered within 52 weeks of the accident. Benefits for covered expenses shall not exceed the specified amounts. The first \$100 of covered expenses incurred as a result of each covered accident claim will be paid, regardless of any other insurance. If expenses exceed \$100, the claim will then be paid on ***AN EXCESS BASIS, if other insurance or medical service plans are involved (see LIMITATIONS). All benefits are per accident, unless otherwise specified.

	Elite Plan	Superior Plan	Economy Plan
Policy Maximum per covered accident	\$50,000.00	\$25,000.00	\$25,000.00
Medical Treatment by a licensed physician, except in connection with surgery or for physiotherapy as defined below	80% of U&C**	\$50.00 per treatment	\$25.00 per treatment
Surgery by a licensed physician (Payable according to CRVS* or U&C**)	80% of U&C Max. \$8,000.00	\$175.00 unit value	\$125.00 unit value
*Example Osteotomy Fibula Anthroplasty Ankle	N/A N/A	\$735.00 \$1,872.50	\$525.00 \$1,337.50
Anesthesiologist (percent of surgery allowance)	25%	25%	25%
Assistant Surgeon (percent of surgery allowance)	20%	20%	20%
Inpatient Hospital Care and Service when the Insured is confined as an over-night resident patient for room and board (except for hospital intensive care) For hospital intensive care room and board For ancillary medical expenses, including radiology and diagnostic imaging as provided below	Semi-private Room Rate \$1,000 per day \$2,000.00	\$400.00 per day \$400.00 per day \$1,500.00	\$200.00 per day \$200.00 per day \$1,000.00
Outpatient Hospital Care and Service treatment at a hospital emergency room or outpatient department, in addition to benefits for physician's treatments and radiology and diagnostic imaging as provided	\$300.00	\$150.00	\$100.00
Outpatient Surgical Facility room and supplies	\$900.00	Paid as Outpatient Hospital Care	Paid as Outpatient Hospital Care
Radiology (excluding MRI's and Cat Scans), including reading and interpretation but excluding dental X-rays and X-rays in connection with physiotherapy	80% of U&C to \$250.00	\$180.00	\$90.00
Diagnostic Imaging (MRI's, Cat Scans, etc.)	80% of U&C to \$800.00	\$400.00	\$200.00
Nurse Service upon recommendation of the attending physician, provided by a private duty R.N. or L.P.N. not a member of the Insured's family or household	U&C	U&C	U&C
Dental Treatment for accidental injury to one or more sound natural teeth including charges for braces, crowns, jackets, inlays, fillings, bridges, and root canal therapy	\$400.00 per tooth	\$350.00 per tooth	\$175.00 per tooth
Professional Ambulance Service from the place of accident to a hospital	\$500.00	\$250.00	\$125.00
Physiotherapy by a licensed practitioner, including diathermy, heat treatment, adjustment, manipulation, or massage, when medically necessary	\$50.00 per visit max 5 visits	\$40.00 per visit max 5 visits	\$20.00 per visit max 5 visits
Orthopedic Appliances when ordered by the attending physician	\$250.00	\$150.00	\$75.00
Eyeglasses, contact lenses, and hearing aid replacement, when medical treatment is required for a covered accident	\$200.00	\$50.00	\$25.00

* "CRVS" is the California Relative Value Studies, Fifth Edition

** "U&C" means usual and customary charges in the area where the treatment or service is provided

*** Benefits will be paid on a primary basis in TN.

AD&D Benefits

For loss of:

Life	\$ 2,000.00
Both hands or both feet or both eyes	10,000.00
One hand and one foot, one hand and one eye, or one foot and one eye	4,000.00
One hand or one foot	2,000.00
One eye	1,500.00

If within 100 days from the date of a covered accident, injuries cause dismemberment or death, the largest applicable indemnity will be paid, in addition to benefits for medical expense.



IMPORTANT! THIS IS YOUR INSURANCE CARD. IF COVERAGE IS PURCHASED CLIP AND CARRY AS YOUR VERIFICATION OF COVERAGE.

This card verifies student accident coverage during the 2009-2010 school year for:

Name of student

Name of school

Plan Number MW/MWX-AS-09

Send completed claim form and itemized bills to:

SPECIAL RISKS DIVISION

Commercial Travelers Building • Utica, NY 13502

1 Choose from these School-Approved Plans:

Schoolltime-Only Plan

Your school has schoolltime coverage provided by a company other than Commercial Travelers. See your school administration office for the appropriate claim form.

Around-the-Clock Plan

If the Around-the-Clock Plan is purchased, the student is insured for full 24-hour a day protection, for non-school-connected accidents, and at home or away—at play—at camp—on vacation—scouting—amateur sports—youth group activities—or just playing in the neighborhood.

Extended Dental Plan

If purchased, the Extended Dental Plan increases the Dental Treatment Benefit for accidental injury to sound natural teeth under the Plans to a maximum of \$1,000.00 per tooth. This extended coverage is effective 24 hours a day and ends on the opening day of school for the following Fall term. Premium for the Extended Dental Benefit is \$6.00 under the plan. Extended Dental Coverage may *not* be purchased by itself.

2 Additional facts about the Plans:

Effective and Expiration Dates: Applicants are covered as of the day following the envelope postmark date, but not prior to the first day of school. Around-the-Clock coverage ends on the opening day of school for the following Fall term.

Student Accident Insurance covers accidental bodily injury sustained during the term of insurance and which causes loss directly and independently of all other causes. Insurance is good anywhere. For example, if the student buys the Plan at school and the family moves, coverage will continue until the beginning of the following Fall term at any new public or parochial day school. There is no limit to the number of accidents a student can have paid under the Policy.

How to file a claim

In case of an accident, simplified claim forms are available at the school. Accidents must be reported and bills submitted within 90 days. If the student is insured under the "Around-the-Clock Plan" and school is not in session, or has transferred to another school, a claim form can be obtained from the Administration Office on the cover, or from www.commercialtravelers.com.

MW/MWX-AS-09 (MB) (CC)